



## Town of West Hartford Dial-A-Ride Medical Access Program (MAP)

**\* Current West Hartford Dial-A-Ride membership required to participate.**

July 1, 2018 – June 30, 2019

### **Eligibility:**

MAP membership requires that riders are West Hartford residents with current Dial-A-Ride memberships and have an ongoing need for urgent medical transportation, such as dialysis, chemotherapy, or similar need.

### **APPLICANT INFO:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### **URGENT MEDICAL NEED:**

In relation to the information provided in this section, West Hartford Social Services may require additional medical documentation from your physician.

Transportation to: Name of facility/doctor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number of facility/doctor: \_\_\_\_\_

### **Expected Duration of Transportation Need:**

From \_\_\_\_\_ To \_\_\_\_\_ ~OR~ \_\_\_\_\_ Indefinite  
Date Date (check)

### **Facility Visit Schedule**

Hartford Hospital & 85 Seymour Street Area	M, T, W, TH, F
St. Francis/Mt. Sinai Area	M, T, W, TH, F
Farmington - UConn Health Area ((Talcott Notch, South Road etc.)	M, W, F
Bloomfield, Cottage Grove Road, Northwestern Dr., Jolly Road	T, TH

Please review the transportation schedule above when scheduling your medical visits. Contact Tina at CURTIN LIVERY with any specific question by calling 855-947-4337.



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## EMERGENCY CONTACT INFORMATION:

**Back-up transportation source in emergency: (Ex: taxi, neighbor, son, etc.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### **Emergency Daytime Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### Medical Certification:

I, \_\_\_\_\_, hereby certify that Medical Access Program applicant:  
\_\_\_\_\_, DOES need urgent, ongoing medical services as described  
on page one of this application and will continue to need this service until: \_\_\_\_\_.

Certifier's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature (or Power of Attorney)**

\_\_\_\_\_  
**Date**

There is no fee for this Medical Access Program (MAP). A separate Dial-A-Ride membership application is required for MAP membership. The annual fee for Dial-A-Ride membership is \$50 a year. If you are not yet a member of Dial-A-Ride, please request an application and mail it with this form along with the membership fee to:

**West Hartford Dial-A-Ride MAP Program  
50 South Main Street, Rm. 306  
West Hartford, CT 06107**

Please feel free to contact the office with any questions ~ (860) 561-7561